



Radcliffe-on-Trent Pre-School Playgroup

CHILD REGISTRATION INFORMATION

To be completed by Parent/Guardian/Person with Parental Responsibility. All information will be treated in confidence.

Full name of child		Religion - please circle: Buddhist, Christian Hindu, Jewish, Sikh Muslim, Other, None
Preferred name		
Date of Birth	Evidence of DOB seen by Date seen..... Document Seen: Birth cert/passport/other (state)	
Home Address (inc postcode)	Evidence of current address seen by.....	Ethnic Origin -please circle White British, Irish, Traveller of Irish heritage, Gypsy/Roma, Indian, Pakistani, Bangladeshi, Asian , African, African/Caribbean, Chinese, Mixed heritage - specify
Home Tel No:		

Parents/Guardians/Persons with Parental Responsibility (other than mother, only if named on birth certificate or has parental responsibility by court order)

Name	1.	2.
Relationship to child		
Home address		
Home Tel:		
Mobile Tel:		
Work address		
Work Tel:		
Email address		
Please state which parent/carer child normally resides with :		

Name of person who will usually collect the child if different from above (relative/friend/childminder)

Nb we must be introduced to this person by you, or they give an agreed password, before your child may leave the setting with them.

Name and home address	1.	2.
Relationship to child		
Tel No:		
Mobile Tel:		

Alternative contact(s) other than listed (nb. This is intended as an alternative means of contacting the main contacts. Photo ID and proof of address will be needed for this contact to collect your child on an emergency basis).

Name and Home address	1.	2.
Relationship to child		
Tel No:		
Mobile Tel:		

Any person(s) not allowed to collect child from setting (court order)

Name	1.	2.
Relationship to child		

Does your child attend another setting/go to a childminder? If yes please give details including address and contact details.

RELEVANT CHILD MEDICAL INFORMATION

Child's name		Vaccination/immunisations Diphtheria, Measles, Polio Mumps, Rubella, MMR, Whooping Cough Tetanus, Hib, None Please tick
Child's doctor		
Doctor's address		

Tel No:		Language spoken at home Please state:
Health Visitor		

Disability: I consider one or more of the following applies to my child:

Learning	Speech	Hearing	Visual	Physical	None
Is child registered disabled?			Yes	No	Registration No:
Is your child in receipt of the Disability Living Allowance or Personal Independence Payment?			Yes	No	Please provide a copy of the DLA/PIP letter in order to secure additional funding

Please provide details if any of the above apply:

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Is there an EHAF in place for your child currently (please circle)?	Yes	No
Is your child known to Children's Social Care (please circle)?	Yes	No
Is your child a Looked After Child?	Yes	No

If you answered yes to any of the above please provide further brief details and any contact details of professionals involved:

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Any special dietary needs or allergies of which we should be aware?

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Any pre-existing medical conditions and/or distinguishing marks we should be aware of? Please provide details below:

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May we use plasters for your child?

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Any personal family circumstances relevant to our care of your child?

I declare that the information given above is correct to the best of my knowledge.

Signed:..... Print Name:.....Date:

CONSENTS TO URGENT MEDICAL TREATMENT / ADMINISTRATION OF MEDICINES

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

Any prescribed medicines?

Children's paracetamol (un-prescribed and provided by Playgroup where necessary) may be administered in the case of a high temperature to prevent febrile convulsion or to make the child more comfortable where a parent or named person is on their way to collect the child.

Do you consent to children's paracetamol being administered in these circumstances?

YES / NO

If parent/guardian/person with parental responsibility cannot be contacted, I give permission for a member of staff to obtain urgent medical advice and/or treatment (which may include surgery recommended by doctor or dentist) for my child, for an acute condition or the alleviation of pain.

Signed:..... Print Name:.....

Relationship to child:..... Date:.....

OTHER CONSENTS

From time to time we have outings and take photos or video film of the children in the setting to support their development and to share with parents/carers. Please circle YES or NO to indicate whether you consent.

Going on short, local trips adhering to adult/child ratio YES / NO

Using quality face paints YES / NO

Taking photographs of activities involving children, including taking video footage of the children at Nativity play or other similar productions, and which may be displayed at playgroup or used in scrapbooks made for your child and other children as a record of their time at playgroup
YES / NO

Taking photographs of activities involving children which may be used on the pre-school playgroup Facebook page to advertise certain activities
YES / NO

For the purposes of carrying out your child's assessments with Tapestry we need to take photographs of your child. We also need to use your email contact details to invite you to participate in sharing information about your child using Tapestry. Do you consent to us taking photographs and using your email contact details in this way?
YES / NO

From time to time we may wish to email you with information about Playgroup and Playgroup events. Please complete your email address(es) below if you are happy to receive information in this way.

Email address.....

Signed:..... Print Name:.....

Date:.....

I have read Radcliffe on Trent Pre-school Playgroup's Privacy Notice and agree to data relating to myself and my child being held in accordance with the terms of the Privacy Notice (each parent/carer named to sign please).

Signed Parent/Carer:

Date:

Signed Parent/Carer:

Date:

How did you hear about Playgroup?

Thank you. If you have any queries arising out of this form please do not hesitate to contact us.